PI

District

#

2

Percentage

100

Route

#

1

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

Miles

Per Day

8

Rate

Per Mile

1.36

School District Claim for State Reimbursement for School Bus Transportation

Days

Operated

State	
District	
County	

Bus Driver's

Social Security #

	Tield	311a, WT 05020 1	2001					
DUE February 1 to County Superintendent DATES: February 15 to State Superintendent						Second May 10 to Count May 24 to State S	• •	
COMPLE	TE THIS CLAIM FO	OR STATE REIN	MBURSEMI	ENT FO	OR SCHOOL	BUS TRANSPOR	TATION:	
This claim is for the period beginning								
CERTIFI	CERTIFICATION:							
The inform	nation on this form is comp	lete and accurate to	the best of my	knowled	ge.			
Date		Signature, Chair, Bo	oard of Trustees					
County:		District:					District Level:	
28 Madis	son	0536 Alder l	Elem				Elementary	

Capacity

66

Inspection

07/29/04

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0	PI

47

47

47

47

5

5

5

5

1

2

3

4

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent		Second Semester May 10 to County Superint May 24 to State Superinten
COMPLE	TE THIS CLAIM FOR STATE REIMBURSEMENT F	OR SCHOOL I	BUS TRANSPORTATION:
This claim	is for the period beginning 20	and ending	. 2

54

52

53

152

1.36

1.15

1.15

1.36

perintendent rintendent ION: , 20_ month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 0537 Sheridan Elem 28 Madison **Elementary** District Route Miles Days Rate **Bus Driver's** Percentage Per Day Per Mile Inspection Operated Social Security # # Capacity

65

59

53

66

08/23/04

08/23/04

08/23/04

07/29/04

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0	PI	

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	ena, M	T 59620-25	01					
DUE February 1 to County Superintendent DATES: February 15 to State Superintendent							-	Second Sen o County Sup o State Super	perintenden	ıt
COMPLI	ETE TH	IS CLAIM FO	OR STA	TE REIME	URSEMEN	T FOR SCH	OOL BUS TRAI	NSPORTAT	ION:	
This claim is for the period beginning							dingm	onth	, 20 day	
CERTIFI	CATIO	N:								
The inform	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	l of Trustees					
County:	: District:							Distr	rict Level:	
28 Madi	son		0538	Sheridan	HS			Hiş	gh School	
D	District	Route		Miles	Rate	a		Days	G	Bus Driver's

20 Mau	19011	0550	Silcitual				Ingh b	CHOOL
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
53	5	1	54	1.36	65	08/23/04		
53	5	2	52	1.15	59	08/23/04		
53	5	3	53	1.15	53	08/23/04		
53	5	4	152	1.36	66	07/29/04		

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PI	

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

	— Hele	ila, Wii 3902	0-2301							
First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
ETE TH	IS CLAIM FO	R STATE RI	EIMBUI	RSEMEN	T FOR	SCHOO	L BUS TRA	ANSPORT	TATION:	
n is for the	period beginning	S		,	20 a	nd ending			, 20	_•
		month		day				month	day	
ICATIO	N:									
mation on	this form is comp	lete and accurate	e to the be	st of my kn	owledge.					
Date Signature, Chair, Board of Trustees										
		District:							District Level:	
son		0540 Twir	n Bridg	ges K-12	2 Schoo	nools High School				
District #	Route #			Rate Per Mile	Capac	ity	Inspection			Bus Driver's Social Security #
7	1	79)	1.36	60		08/05/04			
7	2	54		1.36	60		08/05/04			_
7	3	81		1.15	54		08/05/04			
7	4	84		0.95	48		08/05/04			
7	5	76		1.36	60		08/05/04			
	ETE THO In is for the ICATIOI mation on SON District # 7 7 7 7	February 1 February 15 February 15 FETE THIS CLAIM FO In is for the period beginning ICATION: mation on this form is composite Son District # Route # 7 1 7 2 7 3 7 4	First Semeste February 1 to County Surfebruary 15 to State Sup ETE THIS CLAIM FOR STATE RI In is for the period beginning	February 1 to County Superinter February 15 to State Superintend February 15 to State Superintendend February 15 t	First Semester February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMEN In is for the period beginning	First Semester February 1 to County Superintendent February 15 to State Superintendent February 15 to State Superintendent	First Semester February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL In is for the period beginning	First Semester February 1 to County Superintendent May 10 May 24	First Semester Second May 10 to County Tebruary 1 to County Superintendent May 10 to County May 24 to State State May 24 to State Stat	First Semester February 1 to County Superintendent February 15 to State Superintendent February 15 to State Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: In is for the period beginning month day month day month day ICATION: Institut: District: District: Signature, Chair, Board of Trustees District: District: District: District: District: District: District Level: District Route # Miles Per Day Per Mile Capacity Inspection Operated The period beginning of the p

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0	PI

100

100

23

23

2

3

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PO Box 202501
Helena, MT 59620-2501

80

33

1.15

1.15

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	na, M	Т 59620-25	01		School Bu	s iranspo	ortation		
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCI	HOOL BUS TR	RANSPOR'	TATION:		
This claim is for the period beginning							_•				
month day month day											
CERTIF	CERTIFICATION:										
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County: District: District Level:											
28 Madison 0543 Harrison K-12 Schools					ools			High Schoo	1		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays erated	Bus Driver's Social Security #	
100	23	1		104	0.95	16	07/13/04	- Opt			

59

59

07/13/04

07/13/04

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PI

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

			iia, ivi i	30020 20								
DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLI	ETE TH	IS CLAIM FO	R STAT	E REIME	URSEMEN	T FOR	SCHOOL	L BUS TRA	NSPORT	ATION:		
This clain	n is for the	period beginning	<u> </u>		,	20 a	nd ending _			, 20	_•	
			mo	nth	day			1	month	day		
CERTIF	ICATIO	N:										
The infor	mation on	this form is comp	lete and acc	curate to the	e best of my kno	owledge.						
Date Signature, Chair, Board of Trustees												
County:			District:							District Level:		
28 Madi	son		0546 E	Ennis K-	12 Schools	S	High School					
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capaci	ity	Inspection	Da Oper		Bus Driver's Social Security #	
100	52	1		113	1.15	54		07/29/04				
100	52	2		86	1.36	66		08/23/04				
100	52	3		88	1.15	53		07/29/04				
100	52	4		95	0.95	48		07/29/04				
100	52	5		201.5	1.15	54		07/29/04				

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